## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** AFTER AS FILED. I"AMENDMENT AFTER 2 MAMENDMENT I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>53</u> TOTAL IND ュ I TOTAL IND. TOTAL DEP TOTAL DEP TOTAL CLAIMS CLAIMS U.S. DEPARTMENT of COMMERCE

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